2008 Congressional Art Competition Student Information/ Release Form

MEMBER:	STATE:	
Note: This information is used for program	m certificates. Please make sure the form is complet	e and correct.
ART STUDENT NAME:	GRADE:	
NAME OF PARENT OR GUARDIAN: _		
HOME ADDRESS:		
CITY:	STATE: ZIP:	
PHONE: (HOME)	(WORK)	
SCHOOL:		
SCHOOL ADDRESS:		
ART TEACHER PHONE:		
TITLE OF ENTRY:		
MEDIUM :	(Be Specific) FRAME DIMENSIONS:	
Student email:	T-Shirt Size	
Originality Certification I hereby certify that, to the best of my knowledge, the art entry described above is an original work or authorship by and that it is not copied from, nor does it include, any other person's copyrighted work.		
Teacher Signature and Date	Student Signature and Date	
undersigned student to which the student is entitled of Member of Congress designated above in <i>An Artistic</i> Representatives) and intending to be legally bound he display the art entry, if it is selected for display, in at latest date on this form. The undersigned acknowled the Capitol will be made by a House panel chaired by their employees and agents, and the United Statest the undersigned further grant the Member, the House, the damage, loss, or misappropriation of the art entry duindemnify, hold harmless and defend the Member, the claims of any nature whatsoever, including, but not lof or in any way related to the submission of the art of	·	rt entry by the the U.S. House of the to publicly two years from the to be displayed in ember, the House, se. The Il liability for rther agrees to inst any and all
Parent/Guardian Signature and Date	Student Signature and Date	